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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10670954 | <b>Applicant(s)/Patent Under Reexamination</b><br>LUSTENBERGER ET AL. |
|   | <b>Examiner</b><br>Rick K Chang            | <b>Art Unit</b><br>3726   |

| ORIGINAL           |                                   |          |     |     |     | INTERNATIONAL CLASSIFICATION |   |   |   |                       |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|-----|-----|------------------------------|---|---|---|-----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |     |     | CLAIMED                      |   |   |   |                       | NON-CLAIMED |  |  |  |  |  |  |  |
| 29                 |                                   | 753      |     |     |     | H                            | 0 | 1 | R | 43 / 042 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 29                 | 33M                               | 33F      | 747 | 748 | 861 |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 29                 | 863                               |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 18       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 19       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 20       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 21       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 22       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 23       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 24       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 26       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 27       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 28       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 29       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 30       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 34       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE   |                             | <b>Total Claims Allowed:</b> |                   |
|  |                             | 14                           |                   |
| (Assistant Examiner)<br>/Rick K Chang/<br>Primary Examiner.Art Unit 3726<br>(Primary Examiner) | (Date)<br>8/18/09<br>(Date) | O.G. Print Claim(s)          | O.G. Print Figure |
|  |                             | 1                            | 1-4               |